

IN THE CIRCUIT COURT, SEVENTH  
JUDICIAL CIRCUIT, IN AND FOR  
FLAGLER COUNTY, FLORIDA

STATE OF FLORIDA,

VS.

CASE NO.: 05-00950-CFFA

DANIEL O PRIOTTI /  
DEFENDANT

REQUEST TO TRANSFER FELONY COMPLAINT AFFIDAVIT  
TO MISDEMEANOR COURT

The undersigned assistant state attorney hereby requests the Clerk of the Circuit Court to transfer any and all complaint affidavits and/or citations filed in the above styled case to the Clerk of the County Court of Flagler County for processing as a misdemeanor case.

Dated this 12 day of December, 2005.

  
PRISCILLA MURRAY GRIGGS  
ASSISTANT STATE ATTORNEY  
FLORIDA BAR NO.: 0561975

PAPER NO. 12  
BY PR  
2005 DEC 15 AM 9:32

I HEREBY CERTIFY this to be a true and correct copy of the original.

Dated this 16 day of December

A.D. 20 05 GAIL WADSWORTH  
CLERK OF CIRCUIT COURT

By [Signature] D.C.



**IN THE COUNTY COURT, SEVENTH  
JUDICIAL CIRCUIT, IN AND FOR  
FLAGLER COUNTY, FLORIDA**

**STATE OF FLORIDA**

**VS.**

**CASE NUMBER: 05-00950-CFFA**

**DANIEL O PRIOTTI**

**A DEFENDANT**

**ANNOUNCEMENT OF NO INFORMATION**

The State of Florida, by and through its undersigned Assistant State Attorney, announces and hereby files a No Information or intent not to prosecute with respect to the following charge(s):

**BATTERY ON A LAW ENFORCEMENT OFFICER**

Dated this 22 day of December, 2005, A.D., at Bunnell, Florida.

  
PRISCILLA MURRAY GRIGGS  
ASSISTANT STATE ATTORNEY  
BAR NUMBER: 0561975

**PHYSICAL EVIDENCE: FLAGLER COUNTY SHERIFFS OFFICE, FCSO59397-05**

The evidence is no longer needed by this office and we have no objection to the release of said property and the disposition thereof according to law.

The evidence is no longer needed by this office but should be held for at least 90 days for post trial motions and/or appeal and if none we do not object to the release of said property and the disposition thereof according to law.

Hold for further court proceedings and/or instructions.

Defendant Case History Detail

NAME: DANIEL O PRIOTTI D/L: FL- P630174772530
ADD1: 1 BRADMORE LANE RACE: W
ADD2: SEX: M
C/S/Z: PALM COAST FL 32137- DOB: 07/13/1977

\*\*\*\* CASE DATA \*\*\*\*

Case#: 05000950CFFA Judge: HONORABLE KIM C. HAMMOND
Filed W/Clerk: 12/07/2005 Atty:
Total Assessed:
Paid:
Bal Due:

Phase/Seq

\*\*\*\* CHARGE/COURT DATA \*\*\*\*

P- 1 - 78407 - BATTERY ON LAW ENFORCEMENT OFFICER
PROS STATUS: SAME PROS FILING DATE: 12/15/2005
PROS ACTION: TRNSFRD PROS DEC DATE: 12/15/2005

-DATE- PROGRESS OF CASE DOCKET

12/05/2005 ACE BAIL BONDS aa05459553 POSTED 5000.00
12/07/2005 CASE FILED WITH CLERK
12/07/2005 JUDGE HONORABLE KIM C. HAMMOND ASSIGNED
12/07/2005 ARREST 1
12/07/2005 798
12/07/2005 BOOKING REPORT
12/15/2005 DROPPED/ABANDONED 1
12/15/2005 TRANSFERRED TO ANOTHER COURT 1
12/15/2005 ANNOUNCEMENT OF NO INFORMATION
12/15/2005 REQUEST TO TRANSFER FROM FELONY TO COUNTY
12/15/2005 CLOSED CASE

NO MORE DOCKET ENTRIES FOR CASE # 05000950CFFA

Handwritten signature and date: 12/16/05



**ROCHE SURETY & CASUALTY COMPANY, INC.**  
 1910 Orient Road • Tampa, Florida 33619  
 (813) 623-5042 • (800) 789-3899 • Fax (813) 623-5939

**SEND ALL COURT NOTICES TO EXECUTION AGENT'S ADDRESS:**

ACE BAIL BONDS  
 PO BOX 667  
 BUNNELL FL 32110  
 (386) 437-4357

**GENERAL SURETY APPEARANCE BOND**

TRANSFER BOND CONTACT:

Power No. AA05-459553

Arrest No. T.O.M.

STATE OF FLORIDA

vs.

Daniel O. Priotti

IN THE

Circuit  
Frasler

Court

County

STATE OF FLORIDA

KNOW ALL MEN BY THESE PRESENTS: That we, the above captioned Defendant, as Principal, and **ROCHE SURETY & CASUALTY COMPANY, INC.**, a Florida Corporation, as Surety, are held and firmly bound unto the Governor of the State of Florida, and his successors, in the penal sum of \$ Five Thousand Dollars, for the payment whereof well and truly to be made we bind ourselves, our heirs, representatives, successors, and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that if the said principal shall appear on Demanded at the next Regular or Special term of the above captioned Court only and shall submit to the said Court to answer a charge of Batt. CD. only and shall submit to orders and process of said Court and not depart same without leave, then this obligation to be void, else to remain in full force and virtue.

This bond is not valid for pre-sentence investigation, pre-trial intervention or countermeasure program unless specifically authorized by surety.

SIGNED AND SEALED this 5th day of Dec. A.D., 2005

Taken before me and approved by me:

Donald W. Fleming Sheriff

By: Self D.S.



[Signature] (L.S.)  
Principal

**ROCHE SURETY & CASUALTY COMPANY, INC.**  
Thomas P. Matthews (L.S.)  
Attorney-in-Fact (Surety)

**STATEMENT OF THE BONDSMAN**

I, THE UNDERSTATED, AM A DULY LICENSED BAIL BOND AGENT PURSUANT TO Chapter 648, Florida Statutes, or a duly licensed general lines agent pursuant to Part II of Chapter 626, Florida Statutes, and have registered for the current year with the office of the Sheriff and Clerk of the Circuit Court of the aforementioned County, and have filed a certified copy of my appointment by Power of Attorney for the Surety with the office of the Sheriff and Clerk of the Circuit Court of the aforementioned County.

That the Principal named in the foregoing bond, of (Address) 1 Bradmore Ln

(given or promised to give) the sum of Five Thousand (\$ 5000) Dollars

as consideration for the foregoing bond, filed with the Clerk of the above captioned Court, located in said County, together with the (promise or receipt) of security belonging to: Father Albert Priotti

of (address): 1 Bradmore Lane, P.O. Box 100

as follows: (Detail description of collateral security) (If none, so state) promising not to flee

That a duly signed receipt has been given to the said principal for the consideration given and/or that the said indemnitor has (also been) given a receipt for the security described above.

Agency Acc Bail Bonds

Agent's Signature [Signature]

ARREST <input checked="" type="checkbox"/>	NOTICE TO APPEAR <input type="checkbox"/>	AFFIDAVIT <input type="checkbox"/>	C.C. <input type="checkbox"/>	ADULT <input checked="" type="checkbox"/>	JUVENILE <input type="checkbox"/>	Court Case Number: J-950CFFA
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(ORD) FL: 1   8   0   0   0   0	Agency Name: FLAGLER COUNTY SHERIFF'S OFFICE	Agency Case Number: 57397-05
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FCIC/NCIC Check? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	OBTS # 1801016527	Date Arrested: 12-5-05	Time of Arrest: 5:08 AM
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ADDRESS OF ARREST: 60 MEMORIAL MEDICAL PKWY	Arrested By: J. LANDI	ID Number: 6152
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DEFENDANT NAME (L.F.M.): PRIOTTI DANIEL O	A.K.A.:	Sex: M	Race: W
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DOB: 07-13-77	Age: 28	Driver's Lic ID No: P-630-174-77-253-0	State: FL	Year Expires: 07
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Height: 5'11"	Weight: 180	Hair: BRO	Eyes: BRO	P.O.B. (City, State, Country): N.Y	Statement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Scars, Marks, Tattoos:	Business & Occupation:	Citizenship: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Address - Mailing/Permanent: 1 BRADMORE LN	(STREET, APT. NUMBER)	(CITY) PALM COAST FL	(STATE)	ZIP CODE 32137	RESIDENT PHONE 986-1818
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Address - Local: SAME AS ABOVE	(STREET, APT. NUMBER)	(CITY)	(STATE)	ZIP CODE	RESIDENT PHONE
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Address - Other (Employer/School):	(STREET, APT. NUMBER)	(CITY)	(STATE)	ZIP CODE	BUS/SCHOOL
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CHARGES	DOMESTIC VIOLENCE? YES <input type="checkbox"/>	Attachments: Affidavit(s) <input type="checkbox"/> Statement(s) <input type="checkbox"/> NTA Schedule <input type="checkbox"/> Report <input type="checkbox"/> Traffic Infraction(s) <input type="checkbox"/>	Total Charges: 1
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#1 Charge: BATTERY ON LAW ENFORCEMENT OFFICER 784.07	FEL <input checked="" type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> PS/ORD:	Citation No:	Bond: 5,000
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#2 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> PS/ORD:	Citation No:	Bond:
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#3 Charge:	FEL <input type="checkbox"/> MISD <input type="checkbox"/> ORD <input type="checkbox"/> PS/ORD:	Citation No:	Bond:
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CO-DEFENDANT	Co-Def #1. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Traf <input type="checkbox"/> Ord <input type="checkbox"/> NTA <input type="checkbox"/>	Co-Def #2. Arrested? Y <input type="checkbox"/> N <input type="checkbox"/> Fel <input type="checkbox"/> Misd <input type="checkbox"/> Traf <input type="checkbox"/> Ord <input type="checkbox"/> NTA <input type="checkbox"/>
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#1 NAME (L.F.M.):	Race:	Sex:	DOB:	Age:
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#2 NAME (L.F.M.):	Race:	Sex:	DOB:	Age:
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**NARRATIVE**

The undersigned certifies and swears that there is probable cause to believe the above-named defendant, on the 05 day of Dec 2005, at approximately 500 A.M. at 60 MEMORIAL HOSPITAL FLAGLER within PALM COAST, FLAGLER County, violated the law and did then and there: WAS AT MEMORIAL HOSPITAL FLAGLER FOR TREATMENT. DEFENDANT REFUSED TO TURN OVER MEDICATION THAT HE WAS HOLDING IN HIS HAND. DEFENDANT STARTED RAISING HIS VOICE + HOSPITAL STAFF PHONED LAW ENFORCEMENT, AT THAT TIME I ORDERED DEFENDANT TO HAND ME THE MEDICATION HE REFUSED. AT THAT TIME I ATTEMPTED TO GET THE MEDICATION FROM DEFENDANT AND HE SWARDED THE PILLS AWAY. DEFENDANT STATED THAT YOU NOT GETTING MY MEDICATION. AT THAT TIME I GRABBED THE MEDICATION FROM HIS LEFT HAND + DEFENDANT PUSHED THIS OFFICER AND THEN GRABBED ME BY THE UNIFORM SHIRT. DEFENDANT WAS GIVEN A LAWLK1 + LET GO HE REFUSED. I THEN TOOK DEFENDANT BY THE HAND + BROKE HIS GRIP.

NOTICE TO APPEAR	MANDATORY APPEARANCE <input type="checkbox"/>	YOU NEED NOT APPEAR IN COURT BUT MUST COMPLY WITH INSTRUCTIONS ON THE REVERSE SIDE OF YOUR COPY <input type="checkbox"/>	FINE, AND COSTS AMOUNT:
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I AGREE TO APPEAR IN COURT HEREIN TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE INDICATED. I UNDERSTAND THAT SHOULD I WILL FULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED, OR PAY THE LISTED FINE, I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST WILL BE ISSUED.

SIGNATURE OF DEFENDANT	Date	SIGNATURE OF JUVENILE PARENT OR CUSTODIAN	RELATIONSHIP TO JUVENILE	JUVE DISP.	CITATION No.
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Sworn to and subscribed before me, the undersigned this 05 day of Dec 2005	I swear/affirm the above statements are correct and true.	Notary Public <input type="checkbox"/> Law Enforcement or Corrections Officer <input checked="" type="checkbox"/>	PERSONALITY KNOWN <input type="checkbox"/> PRODUCED IDENTIFICATION <input type="checkbox"/>	NAME (PRINTED) John T. Landi	ID NUMBER 6152
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**OFFICIAL USE ONLY**

PGM ID-JNBKRP  
DATE: 12/05/05  
ENTPR- OKEEFE

FLAGLER COUNTY SHERIFF'S OFFICE  
BOOKING REPORT

PAGE 2  
TIME 06:18

BOOKING#: 05-0002900

Master ID#: 169  
CELL: C 1 02 L  
PROP BOX#:

NAME: PRIOTTI, DANIEL OSVALDO

I DO SOLEMNLY SWEAR THAT THE BELOW ADDRESS IS THE ADDRESS WHERE I CAN BE REACHED FOR ALL NOTICES SENT BY THE COURT AND ANY OTHER CORRESPONDENCE, AND SHOULD THE ABOVE ADDRESS BE CHANGED, I WILL NOTIFY THE CLERK OF THE CIRCUIT COURT, POST OFFICE BOX 787, BUNNELL, FLORIDA 32110. TELEPHONE NUMBER (904) 437-7430, OF SAID CHANGE AT ONCE.

PHYSICAL ADDRESS (PRINT): X *Duff* | *Bradmore Ln Palm Coast 32137*

MAILING ADDRESS (PRINT): X \_\_\_\_\_  
(IF SAME AS PHYSICAL ADDRESS PRINT SAME)

I UNDERSTAND THAT THIS AFFIDAVIT IS GIVEN UNDER OATH AND MAY BE SUBJECT TO ANY PENALTIES FOR FALSE SWEARING AND PERJURY SHOULD THE INFORMATION GIVEN BY ME BE UNTRUTHFUL.

X *Duff*  
DEFENDANT

DATE: 12/05/05

NOTARY: Sgt Ravichine

CHARGES: Battery on LEO.

FILED IN THE OFFICE OF THE  
CLERK OF CIRCUIT COURT  
Flagler County, Florida

DEC 07 2005

By *[Signature]* Deputy Clerk  
Paper No. \_\_\_\_\_

STATE VS.

Priotti Daniel OSVALDO			07/13/77
Last Name	First	M.	Date of Birth

First Appearance Date: 12/05/05

The defendant was advised of his/her rights, and furnished a copy of the complaint.  
 Defendant ( ) requested, and was appointed a Public Defender after being found indigent.  
 Defendant ( ) is not indigent, will retain \_\_\_\_\_ as counsel.

The Court has examined the sworn complaint and finds:

Charge(s):	BATTERY ON CEO				
PC Found					
PC 72 hrs					
PC 96 hrs					
Insuff. PC					
Bond set at					
ROR					
PTR					
Other:					

ASA:	PD:
Plea:	
Sentence:	
Notes:	

Type of Supervision:

- ( ) Supervised Release
- ( ) Electronic Monitoring - May require defendant to pay for use of monitoring equipment.

Special Conditions:

- ( ) No Contact with the alleged victim(s), witness(es), & co-defendant(s).

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- ( ) No violent contact with the alleged victim(s): \_\_\_\_\_
- ( ) Do not consume illegal drugs.
- ( ) Do not consume alcohol.
- ( ) Submit to urinalysis tests for illegal drugs and/or alcohol.
- ( ) Substance abuse assessment.
- ( ) Participation in appropriate substance abuse treatment.
- ( ) \_\_\_\_\_

Signature of Judge

Date